

**RICHARD M. SQUIRE & ASSOCIATES, LLC**  
**ATTORNEYS AT LAW**

Richard M. Squire \*  
Robert M. Kline  
Bradley J. Osborne  
\* Also Admitted in MD

**One Jenkintown Station**  
**115 West Avenue, Suite 104**  
**Jenkintown, PA 19046**  
**Tel.: (215) 886-8790 Fax: (215) 886-8791**  
[www.squirelaw.com](http://www.squirelaw.com)

November 28, 2016

VIA REGULAR MAIL AND TELECOPY TO: Demetrius J. Parrish (215-827-5420)

VIA REGULAR MAIL AND CERTIFIED MAIL, RRR

**RE: NOTICE OF DEFAULT**

Debtor(s): Thanimas A. Scott  
Our Client: LSF9 Master Participation Trust  
Property: 903 North 50<sup>th</sup> Street, Philadelphia, PA 19131  
Bankruptcy Case #: 13-10366-sr

Dear Sir/Madam:

As you may recall, this office represents LSF9 Master Participation Trust, relative to the above-referenced bankruptcy proceeding.

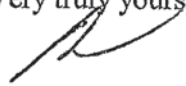
It has been called to my attention that the Debtor has failed to make certain payments as due under the parties' Stipulation, which was approved by the U.S. Bankruptcy Court on February 4, 2016. In particular, the Debtor(s) has failed to make the June 15, 2016 stipulation payment of \$819.00, the July 15, 2016 stipulation payment of \$818.97, the May 27, 2016 regular monthly mortgage payment of \$371.37, the June 27, 2016 through October 27, 2016 regular monthly mortgage payments of \$379.56; Suspense of \$ 254.89 NOD Fee of \$50.00. This amount totals \$3,702.25.

It is hereby requested that the Debtor(s) immediately forward the sum of \$3,702.25 to our client.

If the Debtor(s) fail to cure the aforesaid default within ten (10) days from the date of this letter, we will have no alternative but to certify default to the Court and request the entry of an Order granting relief from the automatic stay.

Thank you for your attention to this matter.

Very truly yours,



Robert M. Kline  
Ext. 12  
Rkline@squirelaw.com

## TRANSACTION REPORT

NOV/28/2016/MON 10:44 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	NOV/28	10:44AM	12158275420	0:00:55	2	MEMORY OK	G3 1224

### **RICHARD M. SQUIRE & ASSOCIATES, LLC** *ATTORNEYS AT LAW*

Richard M. Squire \*  
Robert M. Kline  
Bradley J. Osborne  
\* Also Admitted in MD

One Jenkintown Station  
115 West Avenue, Suite 104  
Jenkintown, PA 19046  
Tel.: (215) 886-8790 Fax: (215) 886-8791  
[www.squirelaw.com](http://www.squirelaw.com)

November 28, 2016

VIA REGULAR MAIL AND TELECOPY TO: Demetrius J. Parrish (215-827-5420)

VIA REGULAR MAIL AND CERTIFIED MAIL, RRR

**RE: NOTICE OF DEFAULT**

Debtor(s): Thanimas A. Scott  
Our Client: LSF9 Master Participation Trust  
Property: 903 North 50<sup>th</sup> Street, Philadelphia, PA 19131  
Bankruptcy Case #: 13-10366-sr

Dear Sir/Madam:

As you may recall, this office represents LSF9 Master Participation Trust, relative to the above-referenced bankruptcy proceeding.

It has been called to my attention that the Debtor has failed to make certain payments as due under the parties' Stipulation, which was approved by the U.S. Bankruptcy Court on February 4, 2016. In particular, the Debtor(s) has failed to make the June 15, 2016 stipulation payment of \$819.00, the July 15, 2016 stipulation payment of \$818.97, the May 27, 2016 regular monthly mortgage payment of \$371.37, the June 27, 2016 through October 27, 2016 regular monthly mortgage payments of \$379.56; Suspense of \$ 254.89 NOD Fee of \$50.00. This amount totals \$3,702.25.

It is hereby requested that the Debtor(s) immediately forward the sum of \$3,702.25 to our client.



NAME AND ADDRESS OF SENDER		INDICATE TYPE OF MAIL		CHECK APPROPRIATE BLOCK FOR		POSTMARK AND DATE OF RECEIPT				
Richard M. Squire & Associates 115 West Avenue, Suite 104 Jenkintown, PA 19046		<input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail		Registered Mail: <input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance		Affix stamp here if required as certificate of mailing or for additional copies of this bill.				
Line	Number of Article	Name of Addressee, Street, and Post-Office Address	Postage	Fee	Handling Charge	Act. Value (If Regls.)	Insured Value	Due Sender If C.O.D.	R.R. Fee	Remarks
1	CAL-1614AOD-13 Thanimas Scott	Thanimas A. Scott 903 N. 50 <sup>th</sup> Street Philadelphia, PA 19131								
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		POST (Name)						

**TO:** Thanimas A. Scott  
903 North 50th Street  
Philadelphia, PA 19131

**SENDER:**

**REFERENCE:** CAL-1614AOD-13

PS Form 3877, January 2008

RETURN RECEIPT SERVICE	Postage	0.465
	Certified Fee	3.30
	Return Receipt Fee	1.35
	Restricted Delivery	0.00
	Total Postage & Fees	5.115

**USPS®**  
**Receipt for Certified Mail®**  
No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OF DATE: NOV 28 2016 JENKINTOWN PA 19046

PS FORM 3877

FOR REGISTERED, INSURED, C.O.D., CERTIFIED, AND EXPRESS MAIL